INITIATIVE TO SAVE YOUNG GENERATION'S HEALTH TODAY

(INSYGHT) Program

Addis Ababa & Oromia Regions
ETHIOPIA

Ethiopia Flex Fund Sub-award ACQ-503-00

October 1, 2003 to September 30, 2006

Second Annual Report

October 2004 to September 2005

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ACRONYMS

ANC	Ante- Natal Care
ARSH	Adolescent Reproductive Sexual Health
BCC	Behavior Change Communication
CYP	Couple Year Protection
DEPO	Depo Provera contraceptive injection
FP	Family Planning
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
INSYGHT	Initiative to Save Young Generation's Health Today
IR	Intermediate Result
IUCD	Intra Uterine Contraceptive Device
OPD	Out Patient Department
PAC	Post Abortion Care
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother –to- Child Transmission
PNC	Post Natal Care
QIT	Quality Improvement Team
RH	Reproductive Health
RSH	Reproductive Sexual Health
SC/US	Save The Children/US
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
VCT	Voluntary Counseling and Testing
VSC	Voluntary Surgical Contraceptive
YFS	Youth Friendly Service

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1. Executive Summary

Although adolescence is generally seen as a period of relatively good health, young people are vulnerable to health risks particularly related their sexual reproductive health. Risks to their health and well-being, such as high rates of STI and HIV/AIDS infection, unwanted pregnancies and unsafe abortions, and sexual abuse, especially among young girls are very rampant. Unfortunately, most of the young people lack access to the information, services and support they need to make well-informed, responsible reproductive health decisions. Health staffs often are judgmental, treat youth without respect or confidentiality and to further complicate the matter they very minimal or no access for information and services.

The above sighted situation makes it evident that the need to guarantee young people access to quality reproductive and sexual health information and services. Programs that offer correct information, access to contraceptives and other reproductive health services can bring grater impact to curb the problem. The youth can develop life skill that can empower them make an informed choice and decisions and bring a difference in their life.

Over the past 8 years, Save the Children/US (SC/US), in a unique and successful collaboration with government and non-governmental organizations, community and youth, has implemented a school-based program in Addis Ababa and Oromia region for the last two years that has met this need.

SC/US's multi-faceted program, particularly tailored to address the needs of the youth such as peer-to-peer education, media, community mobilization, advocacy, and youth friendly service improvement approaches, has improved young people's reproductive and sexual health (RSH) knowledge, attitudes and skills; increased access to quality reproductive health services in public and private outlets; created social support for RSH information and service availability to youth; and increased policy makers' support not only of SC/US's program, but also of sustained RSH programming for in-school and out of school youth.

2. Introduction

Since 1997, SC/US, in collaboration with a variety of stakeholders including youth, has been implementing a school-based program in Addis Ababa and in 2003, expanded its program to the Oromiya Region.

Recognizing that adolescents in Ethiopia initiate sexual activity at early ages, and that youth are more likely to adopt protective practices if they receive reproductive and sexual health information and skills prior to sexual debut, the program has extended its reach to include younger in-school youth. SC/US is now also targeting out-of-school youth in Oromiya, who have the least access to information and services and are thus at higher risk for unplanned pregnancies and sexually transmitted infections including HIV/AIDS. SC's multi-faceted program, using peer education, media, community mobilization, advocacy and service improvement approaches, has worked to improve young people's reproductive and sexual health (RSH) knowledge, attitudes and skills; increase access to quality reproductive health services; promote parental communication about RSH issues with their adolescent children; create social support for RSH information and service availability for youth; and increase policy makers' support.

Over the years, SC/US has demonstrated the value of community-based interventions that enable and support adolescent RSH. Based on the experience and lessons learned from the radio program in Addis Ababa, SC partnering with Radio Fana, start on a program in oromifa called "Ilaaf Ilaamee" translated as "Let's Talk" for the Oromia region. The radio program gave parents, youth and the community at large an opportunity to entertain RSH issues and put forward their enquiries for discussion. The program continues to be popular among youth and adults.

In addition, SC collaborated with the Addis Ababa and Oromia health bureaus to build the capacity of health professionals to serve as youth-friendly providers. This year's refresher training was conducted based on the results of the evaluation of utilization by the youth of health services which justified the need for involving and training more providers and other support staff to be youth friendly as a better approach to registering the actual amount of RH services rendered to youth.

3. Program Interventions covered by Flex Fund.

Within the INSYGHT program, Flex funded activities include the following:

- **Youth.** Providing reproductive and sexual health (RSH) training for in- and out-of-school youth, formation of ARSH Clubs which implement youth-focused activities to involve and educate their peers.
- **Parents/Guardians**. Providing youth related RSH information for Parents/ Guardians and arming them with communication skills so that they are able to serve as parent peer educators to disseminate the information to other parents.
- **Health Facilities YFS** . Training in Youth Friendly Services for health providers in 38 health facilities in Addis Ababa and Oromia so that they are able to provide services tailored to the unique needs and concerns of adolescents. By forming Quality improvement teams (QIT), youth and providers collaborate to identify, design and implement quality improvements within health facilities.

3.1 Main accomplishments

IR.1 Improve the reproductive Health, Knowledge, Attitude and skill among youth

a) School ARSH clubs in Addis Ababa and Oromia

In Addis, SC has trained a total of 2,500 club members. ARSH club members regularly share RSH information with thousands of young people. More than 87,000 youth were reached through peer education, and approximately 185,876 youth were reached through a variety of channels including songs, literature, audio/visual media, school and community assemblies, and mini-media in 48 Government schools

In three intervention areas of Oromiya Region, SC organized 29 school clubs (4 high schools and 25 elementary schools) and 22 community clubs (for out-of-school youth) in the reporting period. ARSH club members regularly share RSH information with thousands of young people, more than 24,315 youth were reached through peer education, and approximately

146,264 youth were reached through a variety of channels including songs, literature, audio/visual media, school and community assemblies, and mini-media. RH issues are more easily discussed especially in sites where the program operates. In general, youth RH issues have become a popular topic for discussion in the community both for in- and out- of- school programs. This is due to that fact that youth club members frequently initiate the dialogue for such discussions, while also involving adults during school club special events in the Addis Ababa program and in- school programs in Oromia.

The out-of-school youth club members mobilize and teach the community during social gatherings, in market places, Edirs and invite the community and religious leaders, government representatives, elders, traditional healers, shopkeepers, pharmacy owners and parents by organizing special events and creating a forum for discussion. This has led to increased community participation, parents' involvement in RH education and has triggered a continuous dialogue involving different stakeholders. Youth are extremely motivated by these results and are encouraged to continue their efforts to bring more positive results in this regard.

b) ARSH club process evaluation in Addis Ababa and Oromia

ARSH club process evaluation was conducted in Addis Ababa and Oromiya. The general objective of the evaluation was to assess the quality of youth program implementations as well as to get feedback from the target beneficiaries.

Specific objectives of this process evaluation include:

- Assessing level of knowledge among in-school students regarding ARSH problems
- Assessing the effectiveness of youth club activities as perceived by their peer students;
- Measuring the level of self efficacy of students in regards to ARSH issues; and to make recommendations based on the results.

(See Annex 2)

IR.2 Increase the Availability, Accessibility and quality of Youth RSH related Services

c) Evaluation of the utilization of RH services

An evaluation of the utilization of RH services by youth was also conducted in both intervention regions, Addis Ababa and Oromia with the following objectives,

- To monitor and assess youth-friendly services implementations in Addis Ababa and Oromiya
- To revisit the service provision process and re- package YFS program implementations in order to make service provision more effective

Assessment results revealed that the youth are indeed coming to the health facilities to seek different RH services but don't have the chance to see the designated provider (who was trained in YFS) and as such are not registered as YFS users. This problem is prevalent in all health centers visited due to the shortage of manpower preventing health providers from designating one person for this activity. Further, youth-friendly trained providers are assigned to other programs and as a result, the YFS provision rooms are almost always closed and the

youth coming for the service are forced to go through the normal process to get the services they need. Therefore, the need to integrate the YFS service with the other health center activities was justified by evaluation results. Consequently, on-site orientation in Youth Friendly Services was conducted for 473 health providers in Addis Ababa and 83 in Oromia in 38 health facilities. In this training, support staff from the health centers administration and other departments such as the pharmacy and laboratory were included in order to increase awareness about the importance of the youth friendly service and their role in making the environment more welcoming and comfortable for the youth when they request services.

d) YFS Assessment Results

The methodology used to obtain the assessment result was:

- Document review
- key informant interview of youth friendly services trained providers
- VCT counselor
- Interview with zonal health desk head and district health officer.

The process evaluation was conducted from April 18 to 22, 2005.

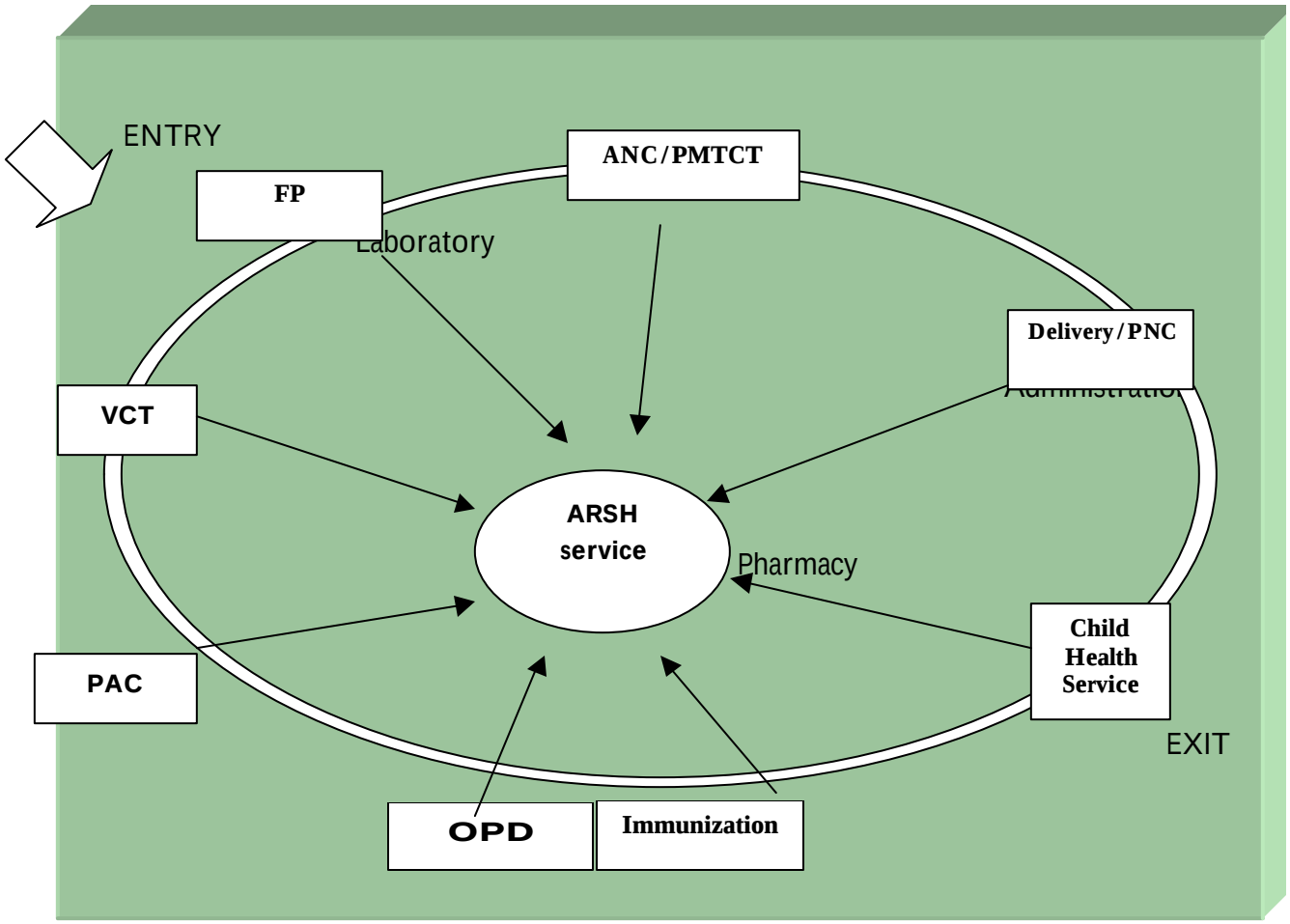
Table 1: YFS Assessment Result, Addis Ababa

S/n	Type of Service	Youth (15-24yrs)	Total	% Youth
1	YFS counseling	2	2	0.2%
2	VCT	374	828	45.2%
3	FP	712	1309	54.4%
4	Other RH	1064	1843	57.7%
5	Total OPD	3705	13697	27.0%
	Total clients	5857	17679	33.1%

Table 2: YFS Assessment Result, Oromia

S/n	Type of Service	Youth (15-24 yrs)	Total	% of Youth
1	YFS counseling	59	59	3.9 %
2	VCT	183	260	70.4 %
3	FP	241	636	37.9 %
4	Other RH	324	743	43.6 %
5	Total OPD	708	4180	16.9 %
	Total clients	1515	5878	25.8 %

Figure: 1 YFS Integration Approach In The Health Center Service Provision



As the findings indicate, integrating YFS into the entire health facility and involving more providers can bring a positive impact and hence, strengthen the current form of YFS by recognizing the special needs of the youth. This on the other hand will curb the problem of long waiting periods in order to get the person assigned to render YFS.

Voluntary testing of HIV/AIDS is highly promoted and the youth are getting tested to know their status. The Addis Ababa health bureau report showed that the number of youth visiting the health centers for VCT services is encouraging. Even though we don't have the disaggregated data for youth, providers indicate that a large proportion of the clients coming for this service are students. The effort of SC coupled with the daily mini-media discussions on HIV/AIDS and RH issues are believed to play a huge role in motivating the youth to go forward and get proper counseling and voluntary testing services.

IR.4 Promote Parental Communication and Support on Youth RSH-Related Issues

e) The parent training in Addis Ababa and Oromia: was conducted during the reporting period, based on prior experience. The selection of candidates was made based on the criteria set by the INSYGHT program including:

- Being an active member of the school parent committee (where appropriate)
- Willingness and interest in participating in the program
- Well respected in the community such as Idirs (these are traditional and social forum usually formed to help each other in time of death or other developmental initiatives. This forums, approximately can have 500-to over 2000 members) and/or other community leaders
- Parents who have student children/child students in one of the high schools
- Are committed to program ideas, RH and FP as well and are able to dedicate the time needed for the activities
- Enthusiasm
- Ability to communicate verbally and convince others and to make the parent intervention more interactive among parents and youth.

The feed back after the training was promising and positive.

Through INSYGHT Program, almost 200 parents have been trained as peer educators in Addis Ababa and in one intervention area in Oromiya Region. These parent educators are now equipped with information that can help them build communication skills and facilitate discussions with their peers so that they too are be able to discuss RSH issues with their adolescent children. In Oromia these parent educators have been successful in reaching hundreds of parents in the town and in the villages.

As a result of the effort extended by the parent peer educators and increased community participation through the parent intervention in Oromia, the program has successfully worked on mitigating the impact of harmful traditional practices by initiating a face to face and open dialogue on traditional and cultural malpractices. A panel discussion and interviews conducted by Radio Fana Media program which is sponsored by SC, showed that the community is now highly motivated to condemn early marriage, Female Genital Cutting, abduction and has reaffirmed its commitment to bring to justice those who continue perpetuating these practices.

SC's project sites in Oromiya Region include areas that are far from semi-urban centers, under-served and difficult to reach. The program has successfully gained the trust and partnership of these rural communities, which has enabled the program to involve those young people (out-of-school youth), who are the hardest to reach and most at-risk for poor reproductive health outcomes.

FP service utilization especially for the married youth and VCT is highly promoted by youth club members and the Net work created with the Health Centers. The youth are getting tested to know their status. The Regional health bureaus are handling the positive cases in specially tailored programs for PLWHA. The youth below the age of 18 are accompanied by their families for the pre- and- post counseling and other programs including nutrition support and treatment. Youth above 18 will be enrolled in the psycho-social support program which includes post counseling, treatment and nutritional support. There is still a great need to initiate programs that specially focus and give adequate emphasis to the youth and to support these programs in becoming more youth friendly for those who are HIV positive.

Home to home RSH education for youth is initiated by the out of school youth club members to reach the married youth who are confined in the house with little or no access for RH information. They are also reaching other youth who are busy and/or do not have opportunity to visit the youth center or access the health centers for counseling or services. The out-of-school peer educators address FP topics, sources of FP counseling and services, STI and STDs including HIV/AIDS and VCT and what to do in case they need medical consultation, VCT, PMTCT and other RH issues.

During the summer season, youth are encouraged to participate in RH education sessions provided in their respective locality.
To gain more community support, community club activities collaborate with parent peer educators and for example organize events together or host drama presentations tfor the community.

4. Factors that have contributed to accomplishments
A number of factors have contributed to INSYGHT program accomplishments. The following merit mentioning:

- The policy climate in Ethiopia has recently become ripe for youth-focused RSH and HIV/AIDS prevention work. In 2002, under the direction of the new Ministry of Youth, Sports, and Culture, a group of Ethiopian youth leaders developed a National Youth Charter to mobilize the country for improved youth RSH and HIV/AIDS prevention. Furthermore, the Ministry of Health's Five-Year Action Plan for Adolescent Reproductive Health in Ethiopia emphasizes the need to address and advocate for responsible reproductive and sexual health behaviors among youth. The Action Plan aims to increase young people's access to and utilization of integrated RSH information and services to lead to healthier behaviors. These government-supported youth policies provide a strong foundation for SC/US's program plans and implementation.

- With years of experience, SC/US continues to be viewed as a trusted community partner by Ethiopian leaders at the government and community levels. This positive working relationship, as well as our efforts to mobilize parents and influential community members, has enabled us to gain the necessary support from local communities to implement program activities, despite the sensitive nature of our work.

- The program has given priority to the elementary school intervention, as the youth are considered to be the "window of hope" because most of them are not yet involved in risky behaviors. As a result, the program has decided to add 20 elementary schools and work vigorously in 40 elementary schools in Addis Ababa during the remainder of the project. The preliminary preparation and selection of the schools has been completed.

- SC/US has complemented direct program implementation with advocacy (e.g. for the promotion of youth-friendly RSH services) to influence the social environment for youth RH issues. Reinforced by a committed and experienced and keen team with a wealth of knowledge in ARSH and strong managerial support, we believe the program is strategically positioned to

take a lead in continuing to advance and feature innovative models for adolescent reproductive health programming nationwide.

5. Factors that impeded progress toward program objectives

SC/US faced several challenges that impeded progress:

- Though there still is a need for assistance in the high schools the program has to scale down its direct implementation because of funding constraints.
- So far the program has concentrated activities in equipping the youth with life skills and other important aspects of ARSH and has not worked on giving the youth appropriate livelihood skills theta will enable them to generate minimal income to support themselves and their families. In areas where the INSYGHT program of SC/US operates, there is a lack of economic opportunities for all age groups. The income level of the residents of the area is far below the national average and this does not enable them to meet the minimum livelihood needs. The problem is further exacerbated among the youth who leave school are unable to find jobs and in most cases are still dependant on the meager income of their parents.

In such a setting, where economic deprivation (particularly for food) stands first among all their problems, it would be very difficult to ensure the success and sustainability of development programs that seek to address issues related to Reproductive Health, HIV/AIDS and gender equality. This therefore hampers the success of our program and the program should explore opportunities for addressing youth needs in a holistic manner responding to their RH and economic needs as well.

6. Main Activities Conducted

Table 3: Status of activities proposed for Year 1I

Objectives and Activities	Status	Remark
1R 1. Establish and strengthen youth ARSH club and peer education activities		
1.1. Set up, implement and evaluate Orientation for School Principals-Addis Ababa	Done	The schools principals are providing the necessary administrative support for in-school ARSH clubs
1.2. Set up, implement and evaluate Youth Club refresher training for in-school youth (elementary school)- Addis Ababa	Done	The training was provided for 240 ARSH club member students and 60 teachers (3 from each)
1.3. Provide supervision and support for Club activities and facilitate ARSH Club recruitment training and special events Addis Ababa	Done	All 48 schools received support, conducted recruitment training and 45 clubs conducted their special event
1.4 Information brochure development and printing	Done	
1.4. Sponsor Youth Club newsletter - Addis Ababa	on progress	Will be done in the coming year
1.5. Organize Model Youth Club competitions-Addis Ababa	Under process	The competition will start in the following year. This was not done as planned because of the early school close out for the summer vacation
IR 2. Establish and strengthen youth friendly services		
2.1. Set up, implement and evaluate YFS Training Program for providers- Addis Ababa	Done	After the YFS process evaluation result, the YFS training has been re-packaged and on the job orientation training was provided for 473 in Addis Ababa and 83 in Oromia health center staff with the objective of integrating the YFS skills in the entire health facility environment.
2.1. Set up, implement and evaluate YFS Training Program for providers-Oromia	Done	
2.2 Establish quarterly QI Team meetings - Addis Ababa	Done	The QIT general briefing is conducted for 2 providers and 2 ARSH club member youth.
2.2 Establish quarterly QI Team meetings - Oromia	Done	The same was done for Oromia program
2.3. Support quarterly QI Team meetings and activities - Addis Ababa	Under process	The QIT activity basic stationary and technical support will be provided during their quarterly meetings
2.3. Support quarterly QI Team meetings and activities - Oromia	Under process	The QIT activity basic stationary and technical support will be provided during their quarterly meetings
IR.4. Establish and Strengthen Parent activities		
3.1 Parent Tool Development	On progress	Tool development assessment done and its under evaluation

6.1 IR 1: Improving Youth RSH Knowledge, Attitudes and Skills

- For school-based clubs in Addis Ababa, an Orientation Session is provided to school principals. This will help them acquire the necessary knowledge to support and extend the necessary assistance to the ARSH Clubs within the school.

- A total of 40 people from, health, education and the ARSH committee participated in the Training of Trainers course to become Youth Club Trainers to help them gain additional skill in ARSH training. Youth Club Trainers are responsible for conducting all club trainings in the program target area on an annual basis. Like wise individual clubs are also responsible for recruiting and training new club members.

- Each ARSH Club in Addis Ababa receives a basic package of stationary and related materials annually to assist in club planning and documentation. Each club has conducted monthly meeting according to the work plan established at the beginning of the school year.
- Peer to peer education was held following the recruitment of peer discussion groups.

- 45 school clubs conducted special events, one of the activities organized by the clubs to mobilize the school community. This big event provides an opportunity for youth club members to develop creative ways to convey RSH and HIV/AIDS information and constructive messages to their peers and to help them become more assertive in being able to make the right decision and to protect themselves if confronted to risky situations. The remaining three school clubs' special events were differed to the coming year because of the early school closures as a result of the election process.

- Preliminary preparations have been conducted to start up selection of the model youth clubs this year. The Model Youth Club Competition will be held in the coming year, where clubs will compete to achieve high standards in creativity, innovation and outreach to their target population. The INSYGHT team will facilitate the selection based on criteria set by the selection committees and Program Assistants will be the focal people providing supervision and development assistance and visiting with each club on a monthly basis.

6.2 IR2: Increasing Availability, Accessibility and Quality of Health Services

The Youth Friendly Services (YFS) Intervention is designed to create comfortable facility-based venues and easier access for youth to RH services. In order to evaluate service utilization rates by the youth, SC conducted an evaluation of YFS in both project areas before proceeding with the YFS refresher training. Based on the findings of the evaluation, the program decided to restructure the modality of YFS service provision by integrating the service as one of the health services rendered to the youth. The health center staff from all departments including the administration participated in the training to ensure that health providers and other paramedics are aware of the specific needs of adolescents.

Discussion with the relevant government offices was conducted to determine the best way to restructure YFS based on evaluation results. This will help promote ownership of the program as well as future sustainability.

The program has been successful in getting the youth to access services:

• Voluntary counseling and testing of HIV/AIDS (VCT) is highly promoted among rural youth through peer to peer education.

• Youth are referred by youth club peer educators to the health facilities where they can get proper counseling and testing to find out about their sero-status.

• Utilization of FP and RH services is increasing.

Table 4: Youth utilization of FP/RH services in the health facilities (aggregated for Addis Ababa and Oromia regions)

	Contraceptive method			**RH Counseling**	**STD Cases**	**Post Abortion Complication**	**Referrals**
	Condom	**Depo**	**Pills**				
Units	20531	14967	11531	36880	619	130	99
CYP generated	171	3742	769				
Conversion factor	0.0083/120pcs	0.25/4inj	0.065/15cls				
Total CYP	4682						

Data collected from AA Health Bureau and Oromiya Woreda Health Bureau October2004-september 2005) Aggregated

Table 5: Youth utilization of FP/RH services in the health facilities in Addis Ababa

	Contraceptive method			**RH Counseling**	**STD Cases**	**Referred**
	Condom	**Depo**	**Pills**			
October	137	1416	747	2331	23	5
November	5780	2752	1113	9891	31	69
December	1731	362	435	2574	20	0
Total	**7648**	**4530**	**2295**	**14796**	**74**	**74**
January	964	258	426	1214	43	0
February	509	226	243	1042	16	5
March	1094	604	213	2262	102	14
Total	**2567**	**1088**	**882**	**4518**	**161**	**19**
April	636	425	199	1374	98	2
May	953	425	352	10352	135	4
June	779	545	929	3397	64	0
Total	**2368**	**1395**	**1480**	**15123**	**297**	**6**
July –September	**644**	**1510**	**1305**	**1539**		
Total	**644**	**1510**	**1305**	**1539**		
G.Total	**13227**	**8523**	**5962**	**35976**	**532**	**99**

- Quality Improvement (QI) teams were established and a half day orientation was given for health providers and the youth who are members of the team representing the facilities that have integrated YFS. The QIT are identified and selected from each health facility in Addis Ababa and intervention sites in Oromiya with a total of 152 from 38 facilities. Youth and providers will work together to identify major YFS provision problems and try to bridge any observed gaps in the service provision processes if it is in their capacity or report to the Health bureau at the sub-city, and woreda level. Quarterly meetings will be held to track progress made in their facilities and report to their respective head of the health facility, the sub-cities, the woreda health bureau and Save the Children. The report can help track progress and facilitate further improvements.

Table 6: VCT services rendered to youth in the health centers (Addis Ababa)

Age	**Pre-test counseling**			**Tested**			**Positive**		
15-24	**M**	**F**	**Total**	**M**	**F**	**Total**	**M**	**F**	**Total**
#	25906	52916	78822	26552	54522	81074	989	4646	5635

Data collected from AA Health Bureau (October 2004 – September 2005)

Table 7: Youth utilization of FP/RH services in health facilities in Addis Ababa

	Contraceptive method			**RH Counseling**	**STD Cases**	**Referred**
	Condom	**Depo inj**	**Pills**			
Units	13227	8523	5962	35976	532	99
CYP generated	110	2131	397			
Conversion factors	0.0083/ 120pcs	0.25/4inj	0.067/15cls			
Total CYP	2638					

Table 8: VCT service rendered to the youth in Health Centers (Oromiya October2004-September 2005)

Age	**Pre-test counseling**			**Tested**			**Positive**		
15-24	**M**	**F**	**Total**	**M**	**F**	**Total**	**M**	**F**	**Total**
#	592	890	1482	876	533	1409	5	18	23

Table 9: Youth utilization of FP/RH services in health facilities in Oromiya

	Contraceptive method			RH Counseling	STD Cases
	Condom	**Depo inj**	**Pills**		
Units	7304	6444	5569	904	87
CYP generated	61	1611	371		
Total CYP	2043				

6.3 IR 4: Promote parental communication and support for youth RSH related issues.

The Parent Intervention is designed to help parents and other primary caretakers of adolescents develop skills in communicating with their children, have access to a supportive social network of other parents/caretakers, and engage in meaningful activities that empower them to become actively involved in community change to create a more enabling environment for adolescent reproductive and sexual health issues. In this regard

- Parent peer educators are increasingly involved in the program after the training. Parents and care takers have become more open to discussing these issues with their children and the youth at large. This was evident in the discussion forums launched during the special event as well as the group discussion organized during the coffee ceremonies.
- Parents are more committed to tackling RH and HIV/AIDS issues that are most prevalent in their community, (in Oromiya)
- Youth and parents network and collaborate with each other in each program sites (In Oromiya).
- Male involvement and gender awareness have increased through the parent peer educators. Young married male youth are helping their wives use available reproductive health services in general and family planning in particular.
- Job aids, communication tools and materials targeting low-literate audiences are in preparation for the program in Oromiya.

` The parent tool is currently being developed. A needs assessment was conducted to determine the kind of communication and culturally sound teaching aid needed to assist parents in their peer education activities. The INSYGHT BCC officer conducted focus group discussions including in-depth interviews with parents from three peasant association kebeles and one Semi- urban kebele. Data analysis is in process and pre- testing and modification of the tool will be done as soon as the assessment is completed.

Appendices

Appendix 1: ***Annual Report Work plan Table*** for Year II.

USAID PVO/NGO FAMILY PLANNING & REPRODUCTIVE HEALTH FLEXIBLE FUND

Year II Covered by Report: October 1, 2004 to September 30, 2005

INTERMEDIATE RESULT 1: IMPROVED REPRODUCTIVE HEALTH KNOWLEDGE, ATTITUDES, AND SKILLS													
MAJOR ACTIVITIES KNOWLEDGE AND INTEREST	**Year 1**				**Year 2**				**Year 3**			***Year II ACTIVITY COMPLETE ?***	**Comments**
	1	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**1**	**2**	**3**		
1. Establish and Strengthen Youth ARSH Club and Peer Promotion Activities													
Set up, implement and evaluate Orientation for School Principals-Addis Ababa	X				X				X			Yes	
Set-up, implement and evaluate Club Training for in-school youth- Addis Ababa	X	X			X	X			X	X		Yes	
Provide supervision and support for Club activities and special events- Addis Ababa		X	X	X	X	X	X	X	X	X	X	Yes	
Sponsor Youth Club Newsletters- Addis Ababa						X		X		X		Yes	
Organize Model Youth Club competitions- Addis Ababa							X				X	In process	

INTERMEDIATE RESULT 2: INCREASED AVAILABILTY, ACCESSIBILITY, AND QUALITY OF ARSH SERVICES													
MAJOR ACTIVITIES ACCESS and QUALITY	**Year 1**				**Year 2**				**Year 3**			***Year II ACTIVITY COMPLETED?***	**Comments**
	1	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**1**	**2**	**3**		
2. Establish and Strengthen Youth Friendly Services Activities													

Facilitate youth-defined input in YFS through the planning, implementing and evaluating of Youth Defined Quality workshops (Addis Ababa and Oromia)	X											Reported in Year I	
Strengthen YFS training curricula based on YDQ results; plan, conduct and evaluate YFS Training for providers (Addis Ababa and Oromia)		X	X			X	X			X	X	Yes	
Strengthen national guideline efforts regarding YFS by participating in and supporting National Workshop (Addis Ababa and Oromia)	X											Reported in Year I	
Establish Quality Improvement teams (Addis Ababa & Oromia)					X	X			X	X		Yes	
S Support quarterly QI Team meetings and activities (Addis Ababa & Oromia)						X	X	X	X	X	X	Yes	
INTERMEDIATE RESULT 3: INCREASED COMMUNICATION BETWEEN PARENT AND YOUTH ABOUT RSH													
	Year 1				**Year 2**				**Year 3**			**Year II ACTIVITY COMPLETED?**	**Comments**
	1	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**1**	**2**	**3**		
3. Establish and Strengthen Parent Activities													
Set-up, implement and evaluate Parent Educator training - Oromia			X	X								Yes, Reported in Year I and refresher training conducted in this year	
Provide supervision and support for parent outreach activities and monitoring- Oromia				X	X	X	X	X	X	X	X	Yes, Reported in Year I	
Develop tools and materials for parent educators' use - Oromia						X	X	X	X	X	X	Yes, Under process	

Appendix 2

Year 3 Flex Fund activity plan (October 2005-September 2006)

A. Addis Ababa

S/N	Major Activities to achieve the intermediate results (IR)	Implementation time				
		QI	QII	QII	QIV	
IR1	**IMPROVE THE REPRODUCTIVE HEALTH KNOWLEDGE, ATTITUDES AND SKILLS AMONG YOUTH**					
1	Set up, implement and evaluate Orientation for School Principals	X				
2	Set up, implement and evaluate Youth Club refresher training for in-school youth		X			
3	ARSH Club recruitment training		X	X		
4	Provide Youth Club support	X				
5	Plan and implement Youth Club Special Events		X	X		
6	Develop Youth Club newsletter		X			
7	Model Youth club promotion			X		
IR2	**INCREASE THE AVAILABILITY, ACCESSIBILITY AND QUALITY OF YOUTH RSH-RELATED SERVICES**					
1	Set up, implement and evaluate YFS refresher Training Program for providers			X		
2	Implement quarterly QI Team meetings	X	X	X	X	
3	QI Team activity support fund	X	X	X	X	

B. Oromiya

S/N	Major Activities to achieve the intermediate results (IR)	Implementation time				
		QI	QII	QII	QIV	
IR1	**IMPROVE THE REPRODUCTIVE HEALTH KNOWLEDGE, ATTITUDES AND SKILLS AMONG YOUTH**					
1	Set up, implement and evaluate Youth Club refresher training for in-school youth		X			
IR2	**INCREASE THE AVAILABILITY, ACCESSIBILITY AND QUALITY OF YOUTH RSH-RELATED SERVICES**					
1	Set up, implement and evaluate YFS refresher Training Program for providers		X			
2	Implement quarterly QI Team meetings	X	X	X	X	
3	QI Team activity support fund	X	X	X	X	Ongoing

C. Others

S/N	Major Activities to achieve the intermediate results (IR)	Implementation time				
		QI	QII	QII	QIV	
IR1	Training support	X	X	X	X	Ongoing
1	Program newsletter development support		X			

Appendix: 3

Indicator Reporting Table for Annual Reports

Year II – October 2004 to September 2005

Core INDICATOR	**Number**	**Numerator**	**Denominator**	**Percent**	**Yes/ No**
Couple-years of protection (CYPs)	**4682**				
Number of acceptors new to contraception	[i]				
% of youth who are married or in union using (or whose partner is using) modern contraception *(CPR)*[ii]		M: 14 F: 53		Male 77.8% Female: 59.5%	
% of unmarried sexually youth who are using (or whose partner is using) modern contraception[iii]		M: 197 F: 100		Male 48.8% Female: 49%	
% of sexually experienced respondents who report discussing family planning with their spouse or sexual partner in past 12 months[iv] ➢ Abstinence/delaying first sex until older or married ➢ Pregnancy prevention ➢ Use of condoms		Male/ Female n=130 / 135 n=174/183 n=178/144		Male/ Female: 35.3% /54.4% 47.3% / 73.8% 48.4% /58.1%	
# of clients who receive adequate counseling	**36880** *The data was obtained from the service register of the health facilities(can not be verified on the adequate time taken for counceling)*			**Not available[v]**	
% of population who live within 5 km of a FP service delivery point				**Not available[vi]**	
Total number of persons served or reached by the program	**109,256[vii]**				
Program sustainability plan in place					**Yes**

Optional INDICATOR	**Number**	**Numerator**	**Denominator**	**Percent**	**Yes/ No**
Number of service delivery points with health providers trained in youth-friendly services	39				
Number of health providers trained in youth-friendly services	556[viii]				
# of clinics experiencing no stock-out of contraceptives in the last 6 months	n/a				
Number of ARSH clubs created (in Addis)	48				
Number of ARSH clubs created (in Oromiya)	51				
Number of QI teams established	38				
% of youth reporting communicating with parents on SRH issues ➢ Preventing unwanted pregnancy ➢ Abstinence/delaying first sex until older or married ➢ STD/HIV prevention		Male/ Female n=365 / 471 n=370/ 487 n=695/ 858		Male/ Female: 22.3% /27.5% 22.6% / 28.5% 42.4% /50.1%	

The health facility data doesn't disaggregates the new acceptors by age.

[ii] % of youth who are married or single and living with their partner who usually used (or whose partner usually used) modern contraception (male/female sterilization, oral contraceptive pill, contraceptive injection (DepoProvera), IUD, male/female condom, diaphragm, cervical cap, or contraceptive foam) in the past year

[iii] % of youth who are not married (divorced, widowed, single but not living with their partner, single did not report regular partner) who have ever had sexual intercourse who usually used (or whose partner usually used) modern co ntraception (male/female sterilization, oral contraceptive pill, contraceptive injection (DepoProvera), IUD, male/female condom, diaphragm, cervical cap, or contraceptive foam) in the past year

[iv] % of youth who have ever had sexual intercourse who have discussed family planning (abstinence/delaying first sex until older or married, pregnancy prevention, use of condoms) with their most recent sexual partner

[v] Our program has been tracking the number of clients who receive counseling in reproductive health, but we have not yet begun monitoring those who have received 'adequate' counseling for family planning. Monitoring tools (exit interviews and supervision checklists) will be adapted for routine quality assurance assessments conducted by Quality Improvement Teams (with oversight by program staff). This quality monitoring will begin in Year 3 in partnership with Regional Health bureaus of the two regions .

[vi] The program still have not yet mapped routes between selected points in our target communities and individual FP service delivery points as it was not possible to entertain this indictor because the youth usually come from different direction for the service. Our general estimated target population is: 127,243 primary school and 102,167 high school youth in Addis Ababa; and 39,150 primary school, 6,028 high schools and 184,979 out-of-school youth in Oromiya Region.

[vii] To minimize double counting, we counted the number of youth reached through one club activity (dramas), as well as the number of youth who received reproductive health counseling and contraceptive services. The figure provided is an aggregate number across these specific activities, age groups, and gender and program implementation regions.

[viii] A decision was made to provide an orientation for all the providers in the facilites where YFS are supposed to be available after the evaluation that showed that despite low reported rates of YFS utilization, more than 50% of the clients accessing RH services were youth.